

# VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Office of Pesticide Services

P. O. Box 1163

Richmond, VA 23218

## REQUEST TO TAKE THE VIRGINIA PESTICIDE BUSINESS LICENSE EXAMINATION

Before this request to take the Virginia Pesticide Business License examination can be processed, the **(1) application for Pesticide Business License** must be completed and submitted to the Virginia Department of Agriculture and Consumer Services along with the **(2) \$50.00 annual business license fee** and **(3) evidence of financial responsibility**.

### PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

#### Person taking the Virginia Pesticide Business License Exam:

SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ HOME PHONE NO.: \_\_\_\_\_  
(Area Code)

NAME OF APPLICANT: \_\_\_\_\_  
(Last) (First) (M.I.)

MAILING ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
(Street or RFD)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

#### Business Name:

LEGAL NAME OF BUSINESS: \_\_\_\_\_

TRADING AS: \_\_\_\_\_

BUSINESS PHONE NO: \_\_\_\_\_  
(Area Code)

#### Business Mailing Address:

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

#### Business Physical Location Address:

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

#### FOR DEPARTMENT USE ONLY:

Business License No. \_\_\_\_\_

Date Keyed: \_\_\_\_\_

Keyed to Database by: \_\_\_\_\_